



**CONFIDENTIAL STATE AGENCY CONSUMER RESPONSE FORM**

*Print and mail (or fax) completed form to above address.*

This form is intended for use to comment, make suggestions or to complain about the performance of the **Medical Board of California**. To submit a complaint about a physician, go to "Complaint Information" under the Services for Consumers button.

**Providing your name and address is optional, but if you wish a reply, please complete.**

<b>NAME:</b>		<b>PHONE:</b>	
<b>ADDRESS:</b>			
<b>Date(s) you contacted the Board if known:</b>			
<b>What is the main reason(s) you contacted the Board?</b>			
<b>Do you recall the unit you contacted or the phone number(s) you called?</b>		<b>Yes</b>	<b>No</b>
<b>If so, which unit?</b>		<b>Phone Number:</b>	
<b>Whom did you talk to?</b>			
<b>Did you come to one of the Board's offices?</b>		<b>Yes</b>	<b>No</b>
<b>If so, which city?</b>			
<b>Please summarize your contact with the Board and comment on the experience. If you were not satisfied with our service, please suggest how we can improve it. Attach additional pages if necessary.</b>			